8 April 2021

Provider collaboratives – time to build

Provider collaboratives will play an important part in the success of integrated care. While we wait for more guidance from NHSE/I about how they should work, there is a great deal of foundation building that can usefully be done now.

The integration and innovation white paper puts a renewed emphasis on the role of providers within integrated care systems, stating that "all NHS provider trusts will be expected to be part of a provider collaborative", joining up services both at the level of place (vertical integration) and through at-scale provider collaborative arrangements (horizontal integration).

NHSE/I envisages collaboratives of acute, mental health and ambulance providers at ICS level – or pan-ICS level for providers working in smaller systems – to allow them to operate at scale, deliver specialist care effectively and provide equal access.

NHSE/I will soon publish further guidance describing different provider collaborative models, which will probably cover a range of formal and informal arrangements. These collaboratives will vary in scale and scope and won't necessarily be aligned to ICS boundaries.

It's worth stressing that provider collaborative are conceived as specific organisational bodies with their own decision-making capability and requiring formal governance. This is not the same as providers informally collaborating together in a way that doesn't need governing.

No time to waste for provider collaboratives

It's still early days and certainty on the future of provider collaboratives will elude us at least until NHSE/I issues its guidance – and probably beyond that. But we should remember that the last set of major structural reforms in the NHS happened over a very busy 35-month period. This time we have just 13 months. Simply waiting and seeing is not a sensible option.

At GGI's ICS webinar last week we heard from a couple of provider collaboratives about the steps they have taken so far and there were some useful insights around structuring collaboration boards, agreeing collective objectives, and defining some of the principles that will guide boards in the months ahead.

But with so much remaining undefined, what are the areas NHS leaders could be focusing on now to best prepare themselves for the upcoming changes?

There are some guiding principles they would be wise to stick to. Being clear on the purpose of collaboration before getting embroiled in the detail. Remaining focused on citizen outcomes. And understanding that collaboration means compromise – there is inevitably give and take in any meaningful partnership – and it's crucial to have the humility and perspective to accept that.

Of course it is also important to ensure any collaborative arrangements are covered by good, lean governance. And finally – perhaps the principle that emerged most clearly from our event last week – it's vital to create and nurture the strong relationships upon which collaboration will depend.

Building those relationships and addressing some of the cultural and behavioural issues that might stand in the way of them flourishing is perhaps the area that benefits most from being worked on before the new guidance is issued.

Rocky road ahead – the challenges facing provider collaboratives

These relationships will be severely tested in the years ahead. There will be disagreements over many things, including money and power and service models. The people disagreeing will come at these issues from fundamentally different starting points. Some will be bureaucrats, some will be clinicians, some will be politicians. To survive these tests, relationships will need to be strong and built on good foundations. Now is the time to do that work.

Structures, systems and processes will inevitably follow. But we don't know exactly what they will look like yet. What we do know is that they are more likely to work if we can get the right people talking to each other, give them the skills and knowledge they will need and make a start on breaking down the historical competitive boundaries that have built up since the Lansley Reforms.

The point has been made many times that during the pandemic the NHS in particular achieved a great deal that might have seemed unimaginable just over a year ago. There has been a willingness to think outside the box, to compromise for the greater good, and to share risks, that simply didn't previously exist.

We must hold onto those qualities, or, if that is beyond us, at least remember that collectively we are capable of more than we think we are. It really is possible to embrace the unthinkable and make things work. This mindset will put NHS boards in a strong position in the months ahead.

Illuminations

- There are numerous obstacles standing in the way of provider collaboratives – the long list of competing priorities, the lack of extra funding beyond September, a workforce already stretched to the limit by COVID-19 – but these must not be allowed to overshadow the benefits of collaborative working.
- Much of the detail of how provider collaboratives will work remains elusive but there is still a considerable amount that can be done to build relationships and create the right culture to support their success.
- Despite the uncertainty, remaining focused on purpose and employing good, lean governance principles will stand NHS boards in good stead in the months ahead.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email **advice@good-governance.org.uk.**